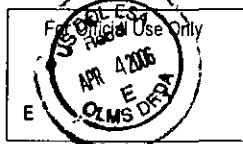


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 04876	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name Albert L Kaopuiki  P.O. Box, Bldg., Room No., if any  Street 97-731 Kamehameha Hwy  City Pearl City  State Hawaii ZIP Code +4 96734	4. Name, file number, and address of labor organization.  Name Plumbers AFL-CIO  Labor Organization File Number 025-657  P.O. Box, Building and Room Number, if any Lower Level  Street 1109 Bethel Street  City Honolulu  State Hawaii ZIP Code +4 96813
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 03/9/2006	(808) 456-0585
	Date	Telephone Number

Name of Person Filing <b>Albert Kaopuiki</b>	File Number U- <b>04876</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>PAMCAH-UA Local 675 Administrative Office</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 403</b></p> <p>Street <b>1109 Bethel Street</b></p> <p>City <b>Honolulu</b></p> <p>State <b>Hawaii</b> ZIP Code +4 <b>96813</b></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>PAMCAH-UA Local 675 Trust Funds</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 403</b></p> <p>Street <b>1109 Bethel Street</b></p> <p>City <b>Honolulu</b></p> <p>State <b>Hawaii</b> ZIP Code +4 <b>96813</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>PAMCAH-UA LOCAL 675 Administrative Office provides administrative services to the various PAMCAH-UA Local 675 Trust Funds. Expenses of operating the Office are prorated among the various Funds.</b></p>
	<p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$1,100,000</b></span></p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Salary, including personal use of automobile.</b></p>
	<p><b>12.b. Amount.</b> <span style="float: right;"><b>\$83,335</b></span></p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code +4</p>	<p><b>14.a. Nature of payment.</b></p>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p>

Name of Person Filing Albert Kaopuiki

File Number U- 04876

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PAMCAH-UA Local 675 Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Signatory Contractors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PAMCAH-UA Local 675 Training Fund is supported by contributions from signatory contractors.

11.b. Approximate dollar value of such dealing. \$1,578,000

12.a. Nature of interest held or income received.

Reimbursement of expenses for participation in educational seminars and for Fund operations.

12.b. Amount. \$14,226

Name of Person Filing Albert Kaopuiki

File Number U- 04876

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PAMCAH-UA Local 675 Cooperation Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Signatory Contractors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PAMCAH-UA Local 675 Cooperation Fund is supported by contributions from signatory contractors.

11.b. Approximate dollar value of such dealing. \$187,000

12.a. Nature of interest held or income received.

Reimbursement of expenses for participation in educational seminars and informational meetings.

12.b. Amount. \$2,936